



UKRAINIAN SELF RELIANCE FCU of WPA
700 Washington Ave., Suite 100 Carnegie, PA 15106

Phone: (412) 481-1865

Membership Application

Owner/Custodian Information

Full Name	SSN/TIN
Street	Email Address
City, State, Zip	Date Of Birth
Home Phone	Employer
Work Phone	Family Member # (if applicable)
Cell Phone	

Joint Account Ownership (Optional)

Joint Owner Full Name	SSN
Street	Date Of Birth
City, State, Zip	Cell Phone
Home Phone	Work Phone

Beneficiary Information

Beneficiary / POD Payee

Street

City, State, Zip

Percentage %

SSN

Date Of Birth

Beneficiary / POD Payee

Street

City, State, Zip

Percentage %

SSN

Date Of Birth

Minor Account Information (If Applicable)

Minor's Name

SSN

Date Of Birth

Authorization

Signature of Owner/Custodian

Date

Signature of Joint Owner (if applicable) Date